

Developmental Disabilities Reimbursement Rate Chart

DEVELOPMENTAL DISABILITIES (DD) AND IDAHO STATE SCHOOL AND HOSPITAL (ISSH) WAIVER SERVICES	PROCEDURE CODE & MODIFIER(S)	MEDICAID REIMBURSEMENT RATE
1. RESIDENTIAL HABILITATION: Supported Living		
A. Individual supported living services, individual or group living arrangement, 1 - 3 participants.	H2015-U8	\$12.96/Hour; 1 Unit = 15 Minutes; 1 Unit = \$3.24; (24 hour/day unavailable under hourly services.)
B. Group supported living services, group living arrangement, 2 - 3 participants.	H2015-U8 HQ	\$7.64. Hour; 1 Unit = 15 Minutes; 1 Unit = \$1.91; (24 hour/day unavailable under hourly services.)
C. Daily supported living services: <ul style="list-style-type: none"> a. High Support: Persons must meet the SIB-R support levels of pervasive, extensive or frequent. b. Intense Support: Persons require intense one-on-one supports. Evaluation is case-by-case using the intense support criteria. c. School Based Services High Support: School days. Non-school days. d. School Based Services Intense Support: School days. Non-school days. 	H2022 H2016-U8 H2016 H2022 H2016 H2016	Blended staff; \$225.32/Day; 1 Unit = 1 Day. 24 hours/day supported living service. 1:1 Staff; \$268.36/Day; 1 Unit = 1 Day; Requires prior authorization (PA). 24 hours/day supported living service. Blended staff; \$178.33/Day; 1 Unit = 1 Day; Requires PA. Blended staff; \$225.32/Day; 1 Unit = 1 Day; Requires PA. 1:1 Staff; \$212.46/Day; 1 Unit = 1 Day; Requires PA. 1:1 Staff; \$268.36/Day; 1 Unit = 1 Day; Requires PA.
2. RESIDENTIAL HABILITATION AGENCY AFFILIATION FOR CERTIFIED FAMILY HOME (CFH)		
A. Agency affiliated with a single CFH with 1 - 4 participants.	0919B	\$7.96/Day; 1 Unit = 1 Day, per participant.
B. CFH provider affiliated with a residential habilitation agency. The rate paid to the CFH provider for each participant living in the CFH.	S5140-U8	\$53.39/Day; 1 Unit = 1 Day, per participant.
3. CHORE SERVICES: Skilled.	S5121-U8	Lowest of 3 competitive bids. PAC 5, manually priced.
4. RESPITE CARE:	T1005-U8	\$8.48/Hour; Limited to 6 hours or 24 units per day; 1 Unit = 15 Minutes; 1 Unit = \$2.12 Per unit.
	S9125-U8	\$53.39/Day, maximum.
5. SUPPORTED EMPLOYMENT: Limited to 40 hrs per week maximum in combination with developmental therapy (DT) and occupational therapy (OT), intensive behavioral intervention (IBI), or adult day care.	H2023-U8	\$21.00/Hour; 1 Unit = 15 Minutes; 1 Unit = \$5.25. Maximum 160 units per week.

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6. NON-MEDICAL TRANSPORTATION:	A0080-U8	<u>DD non-medical</u> – Requires modifier to report services. . \$.44/mile per person provided by an agency; \$.10/mile per vehicle provided by an individual. Limited to 1,800 miles per individual service plan (ISP) year.
7. COMMERCIAL NON-MEDICAL TRANSPORTION:	A0080-U8-SE	First mile \$4.20. Each additional mile \$1.17. Limited to 1,800 miles per individual service plan (ISP) year
8. ENVIRONMENTAL ACCESSIBILITY ADAPTATIONS:	S5165-U8	Actual cost or lowest of 3 competitive bids for items over \$500.00 (including labor).
9. SPECIALIZED MEDICAL EQUIPMENT: Ramps, environmental control such as switches to open door, and wheel chair lifts.	E1399-U8	75 percent of vendor's retail price.
10. PERSONAL EMERGENCY RESPONSE SYSTEM:	S5160-U8 S5161-U8	Installation. One time per consumer, per residence; includes first month of service fee. Approximately \$34.35/Month.
11. HOME DELIVERED MEALS:	S5170-U8	\$5.23/Meal; Limited to 2 meals per day; (14 meals per week).
12. NURSING SERVICES: Nursing Oversight – Assessment/evaluation, training and supervision of nursing services provided by residential habilitation or other Medicaid providers. Skilled Nursing Services – Services that require technical or professional licensed personnel.	T1001-U8 TD T1001 U8 TD T1001 U8 T1000-U8 T1000 U8 TE T1000 U8 TD	\$35.59/Visit, independent registered nurse (RN). \$44.49/Visit, agency RN. \$35.59/Visit RN oversight of licensed practical nurse (LPN) visits. \$24.48/Hour, independent RN; 1 Unit = 15 Minutes; 1 Unit = \$6.12. \$20.80/Hour, agency LPN; 1 Unit = 15 Minutes; 1 Unit = \$5.20. \$30.60/Hour, agency RN; 1 Unit = 15 Minutes; 1 Unit = \$7.65.
13. BEHAVIOR CONSULTATION/CRISIS MANAGEMENT:	H2019-U8-U1 H2019 –U8 H2019-U8 HM	Psychiatric Consultation Psychiatrist, \$40.08/Hour. 1 Unit = 15 Minutes; 1 Unit = \$10.02. Qualified mental retardation professional (QMRP)/Clinician; \$25.68/Hour; 1 Unit = 15 Minutes; 1 Unit = \$6.42. Behavioral consultation emergency intervention technician; \$11.60/Hour; 1 Unit = 15 Minutes; 1 Unit = \$2.90; Limited to 96 units per month.
14. ADULT DAY CARE: Limited to 30 hours per week as a single service or 30 hours per week maximum in combination with DT and OT.	S5100-U8	\$6.00/Hour; 1 Unit = 15 Minutes; 1 Unit = \$1.50. Maximum 30 hrs per week.
STATE PLAN SERVICES	NEW PROCEDURE CODE	MEDICAID REIMBURSEMENT RATE
1. PLAN DEVELOPMENT:	G9007	1 Unit = 15 Minutes; 1 Unit = \$10.00. Limited to 12 hours per year.
2. PLAN MONITORING:	G9012	1 Unit = 15 Minutes; 1 Unit = \$10.00. Limited to 8 hours per year.

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3. TSC ONGOING: A. First 6 Months. B. After 6 Months.	G9001 G9002	\$129.81/Month, first 6 months. \$108.33/Month, after first 6 months.
4. DT: Limitations, 30 hours per week as a single service or in combination with OT, IBI, PT, speech therapy, and psychotherapy.	H 2032 H2032 HQ 97537 97537 HQ H2000	\$18.12/Hour, center individual; 1 Unit = 15 Minutes; 1 Unit = \$4.53. \$7.20/Hour, center group; 1 Unit = 15 Minutes; 1 Unit = \$1.80. \$20.04/Hour, home/community individual; 1 Unit = 15 Minutes; 1 Unit = \$5.01. \$8.56/Hour, home/community group; 1 Unit = 15 Minutes; 1 Unit = \$2.14. \$18.12/Hour, evaluation; 1 Unit = 15 Minutes; 1 Unit = \$4.53.
<i>*Independent therapies and DME rates can be located at: http://www.healthandwelfare.idaho.gov/site/3502/default.aspx</i>		
5. PT PROVIDED BY A DEVELOPMENTAL DISABILITIES AGENCY (DDA): Limitations, more than 25 visits per calendar year, requires PA by central office Medicaid staff. (Counts toward the 30 hour per week limit on DDA therapy services).	97110 97150 97001	\$101.16/Hour, individual; 1 Unit = 15 Minutes; 1 Unit = \$25.29 \$16.00/Hour, group; 1 Unit = 15 Minutes; 1 Unit = \$4.00 \$64.68/evaluation; 1 unit/1 evaluation.
6. SPEECH THERAPY PROVIDED BY A DDA – Limitations, 250 visits maximum, per calendar year. (Counts toward the 30 hour per week limitation on DDA therapy services.) Speech and hearing evaluation combined.	92507 92508 92506	\$56.92/ Hour, individual; 1 Unit = 15 Minutes; 1 Unit = \$14.23. \$26.64/ Hour, group; 1 Unit = 15 Minutes; 1 Unit = \$6.66. \$131.28/ evaluation; 1 Unit = 1 evaluation.
7. OT PROVIDED BY A DDA : Limitation, 30 hours a week as a single service or in combination with DT, IBI, PT, speech therapy, and psychotherapy.	97535 97535 HQ 97003	\$108.40/Hour, individual; 1 Unit = 15 Minutes; 1 Unit = \$27.10. \$16.00/Hour, group; 1 Unit = 15 Minutes; 1 Unit = \$4.00. \$68.87/evaluation; 1 Unit = 1 evaluation.
8. . PSYCHOTHERAPY, IN A DDA: Limitation, 45 hours per year, alone or in combination with supportive counseling. (Counts toward the 30 hour per week limitation on DDA therapy services). A. Individual medical psychotherapy. B. Group medical psychotherapy. C. Family medical psychotherapy. D. Psychiatric diagnostic interview and exam. E. Psychological testing for diagnosis and evaluation.	H0004 90853 90847 90801 96101 96102 96103	\$52.40/Hour individual; 1 Unit = 15 Minutes; 1 Unit = \$13.10. \$15.56/Hour, group; 1 Unit = 15 Minutes; 1 Unit = \$3.89. \$51.36/Hour, family; 1 Unit = 15 Minutes; 1 Unit = \$12.84. \$67.17 Hour, evaluation. 1 Unit = 15 Minutes; 1 Unit = \$16.79. Administered by a licensed psychologist or physician. 1 Unit = 1 Hour. 1 Unit = \$60.51. Administered by a technician. (See IR- MA06-10 dated 4/7/06 for complete definition.) 1 Unit = 1 Hour, \$42.53. Administered by a computer, with professional interpretation and report. \$26.51 per assessment report.
9. SUPPORTIVE COUNSELING IN A DDA: Limitation, 45	H0004 HM	\$32.00/Hour; 1 Unit = 15 Minutes; 1 Unit = \$8.00.

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hours per year, alone or in combination with psychotherapy. (Counts toward the 30 hour per week limitation on DDA therapy services).		
10. PHARMACOLOGICAL MANAGEMENT: Includes prescription use and review of medication with minimal psychotherapy.	90862	1 Unit = 1 Visit; 1 Unit \$51..27.
11. SOCIAL HISTORY:	T1028	\$39.76/Hour; 1 Unit = 15 Minutes; 1 Unit = \$9.94.
12. COLLATERAL CONTACT:	90887	\$39.76/Hour; 1 Unit = 15 Minutes; 1 Unit = \$9.94.
13. MEDICAL TRANSPORTATION:		
A. Non-emergent medical transportation.	S0215	\$.44/Mile, agency. (21 miles or more requires Medical Transportation Unit PA.)
	S0215 TF	\$.10, individual. (PA required if over 400 miles.)
B. Commercial non-emergent medical transportation bus/van/shuttle.	A0110	First mile \$4.20. Each additional mile \$1.17.
C. Commercial non-emergent medical transportation taxi cab.	A0100	First mile \$4.20. Each additional mile \$1.17.
14. INTERPRETATION, DEAF, OR FOREIGN LANGUAGE:		
Payment for foreign language.	8296A	\$12.16/Hour; 1 Unit = 1 Hour.
Payment for Deaf language.	T1013	\$50.00/Hour; 1 Unit = 15 Minutes; 1 Unit = \$12.50.
15. COMMUNITY CRISIS SERVICES: Limited to a maximum of 20 hours per crisis, for a period of 5 consecutive days.	H2011	Crisis intervention service; 1 Unit = 15 Minutes; 1 Unit = \$11.35.
16. MENTAL HEALTH SERVICE:		
A. Interactive medical psychiatric diagnostic interview.	90801	1 Unit = 15 Minutes. 1 Unit = \$16.79 other per unit.
B. Psychological testing for diagnosis and evaluation.	96101	Administered by a licensed psychologist or physician. 1 Unit = 1 Hour; 1 Unit = \$60.51.
	96102	Administered by a technician. (See IR- MA06-10 dated 4/7/06 for complete definition.) 1 Unit = 1 Hour \$42.53.
	96103	Administered by a computer, with professional interpretation and report. \$26.51 per assessment report.
C. Individual psychotherapy.	90804	20 - 30 Minutes = \$64.19 MD with UA modifier \$39.14 other.
	90806	40 - 50 Minutes = \$96.30 MD with UA modifier \$58.72 other.
	90808	75 - 80 Minutes = \$143.68 MD with UA modifier \$87.58 other.
D. Group psychotherapy.	90853	1 Unit = 15 Minutes; 1 Unit = \$8.61 MD with U1 modifier. 1 Unit = \$3.97 Other.
E. Pharmacologic management, including prescription, use, and review of medication with no more than minimal psychotherapy.	90862	1 Unit = 1 Visit; 1 Unit = \$51.27/Visit.

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F. Individual psychosocial rehabilitation. G. Group psychosocial rehabilitation.	H2017 H2014 HQ (modifier required)	1 Unit = 15 Minute; 1 Unit = \$11.35. 1 Unit = 15 Minutes; 1 Unit = \$2.77.
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